

# Tuition Incentive Program

P.O. Box 30462  
 Lansing, Michigan 48909-7962  
 Department of Treasury – Office of Scholarships and Grants  
 Phone: 1-888-447-2687 Fax: 517-241-5835



## Request for Reimbursement

**Note: Institutions may submit this form only after the end of the semester/term refund period.**  
**OSG reserves the right to make changes based on eligibility and to deny payment based on funding.**

Institution Name:	Billing Period: (check one)
	<u>State Fiscal Quarter</u> <u>Due Date</u> <u>No Payment After</u> <input type="checkbox"/> 1 <sup>st</sup> quarter    November 1    November 15 <input type="checkbox"/> 2 <sup>nd</sup> quarter    February 1    February 15 <input type="checkbox"/> 3 <sup>rd</sup> quarter    May 1    May 15 <input type="checkbox"/> 4 <sup>th</sup> quarter    August 1    August 15
	Semester/Term _____
	Academic Year _____

PHASE I	PHASE II
Number of Students: _____	Number of Students: _____
Tuition Amount: \$ _____	Tuition/Fee Amount: \$ _____
Fee Amount: \$ _____	
Total: \$ _____	Total: \$ _____

**Total for both Phase I and Phase II:**    \$ \_\_\_\_\_  
 (Total Invoice Amount)

**Certification:** I certify that:

(1) Attached is a detailed listing of students charged to Phase I and/or Phase II of the Tuition Incentive Program as summarized above.

(2) All institutional policies and procedures, and guidelines provided by the Department of Treasury for this program have been followed in determining these charges.

(3) Students listed under Phase II have completed either an associate degree or the 56 semester / 84 term transferable credit hour requirement of the Tuition Incentive Program and are enrolled in a four-year curriculum.  
**Not to exceed \$500 per semester or \$400 per term.**

**Note:** Charges over and above the limits set by the program are the responsibility of the student.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Phase I

[illegible]

## Phase II

[illegible]